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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 950.00

Complete if Known

Application Number	09/980,724
Filing Date	May 29, 2002
First Named Inventor	Andrew Patrick Baird
Examiner Name	Benny T. Lee
Group Art Unit	2817
Attorney Docket No.	03981/000K014-US0

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1,440	2254	720
1255	1,960	2255	980
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	2809	370
1810	740	2810	370
1801	740	2801	370
1802	900	1802	900
Other fee (specify) _____		SUBTOTAL (3) (\$) 950.00	

FEE CALCULATION**1. BASIC FILING FEE****Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$) 0.00					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-** =			
Multiple Dependent				

Large Entity **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$) 0.00					

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Laura C. Brutman	Registration No. (Attorney/Agent)	38,395
Signature	<i>Laura C. Brutman</i>	Telephone	(212) 527-7664

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Application No. (if known): 09/980,724

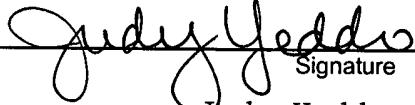
Attorney Docket No.: 03981/000K014-US0

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on October 10, 2003
Date



Signature

Judy Yeddo

Typed or printed name of person signing Certificate

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Petition for Extension of Time (1 page)

Fee Transmittal (1 page)

Check No. 2900 in the amount of \$950.00

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